## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATIO	NNTABE	R:		<del></del>		
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Total Claum: >20	201 (0)	94 :	. 1/4		18	1332
Independent Claims >)	201.101	14	· <u>//</u> ·		78	358
Malt. Dep Claum Prisons	204 (4):					:
Surch.ugs	295-11.					130
English Translation	139					100
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Fees due upon filing th	e appleinam					
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## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effective December 29, 1999

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CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL TYPE	ENTITY	OR	OTHER SMALL			
FOR		NUMBE	ER FILED	NUMBER EXTRA		RATE	FEE	]	RATE	FEE		
BASIC FEE						345.00	OR		690.00			
TOTAL CLAIMS 94 n			U minus	20= 74		X\$ 9=		OR	X\$18=	1332		
INDEPENDENT CLAIMS					X39=		OR	X78=	858			
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	<del> </del>	OR	TOTAL	2880		
CLAIMS AS AMENDED - PART II							<u></u>	lou	OTHER			
(Column 1) (Column 2) (Column 3)						SMALL	SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A	<b>13</b> 5	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=			
AME	Independent	NTATION OF M	Minus	***	= .	X39=		OR	X78=			
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT CLAIM	· · · · · · · · · · · · · · · · · · ·	+130=		OR	+260=			
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=			
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	FIRST PRESE	NIATION OF MU	JLI IPLE DEF	PENDENT CLAIM		+130=		OR	+260=			
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	= .	X\$ 9=		OR	X\$18=			
WE WE	Independent	*.	Minus	***	=	X39=		· •	X78=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM		<b></b>		OR				
• 11	f the entry in colur	nn 1 is less than th	ne entry in colu	mn 2, write "0" in co	lumn 3	+130=		OR	+260=			
•• 1	f the "Highest Nur	nber Previously Pa	aid For IN THIS	S SPACE is less that S SPACE is less that	n 20, enter "20."	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE			
				Independent) is the		found in the an	proprieto bes	in act	uma 1			